

East Bank Gastroenterology

Limited Liability Corporation

John N. Harrington, M.D.

Christopher N. Barrilleaux, M.D., *FACP, FACG, AGAF*

Open Access Endoscopy

Referring or Primary Physician Information:

Dr. _____

Patient Information:

Name: _____ Date of Birth: _____

Telephone: _____ Insurance: _____

Reason for procedure:

- Screening Colonoscopy (lower scope)
- Screening Gastroscopy (upper scope) for chronic GERD

Medical Condition Information:

- Bleeding Disorders
- Anticoagulation / "blood thinners" (except ASA)
- Pacemaker / Defibrillator.....
- Valvular Heart Disease.....
- Significant Heart / Lung Disease.....
- Home Oxygen.....
- Sleep Apnea / C-Pap/ Bi-Pap
- Kidney Failure

Each patient will be contacted and screened.
If any condition is checked, we may need to schedule an office visit.
Fax to **East Bank Gastroenterology : 504-456-6829**
Please include HMO Referral Form when necessary.